

DUE TO YOUR DISTRICT DIRECTOR OF AUXILIARY BY 15 JANUARY 2004

SECCEN Rev. 11/03	U.S. Coast Guard Auxiliary Personnel Security Questionnaire	1. <u>Auxiliary Unit</u>				
2. <u>Name (Last, First, Middle, Jr., II, etc.)</u>		3. <u>Social Security Number</u>				
4. <u>Date of Birth (YYYY/MM/DD)</u>	5. <u>Place of Birth (State or Country)</u>	6. <u>Auxiliary Membership ID No.</u>				
<p>7. Auxiliary members will be designated as DIRECT OPERATIONAL and OPERATIONAL SUPPORT.</p> <p>DIRECT OPERATIONAL Auxiliarists as identified by the Coast Guard are required to have a National Agency Check with Law and Credit (NACLC) personnel security investigation (PSI) conducted as part of their qualifications. You are required to fill out an SF-86 (Questionnaire for National Security Positions), 1 original and 1 copy, both with original signatures on pages 9, 10 and Medical Release page if necessary, 3 original Finger Print Cards, FD-258's and 1 DOT Form 1631 "Disclosure and Authorization Pertaining to Consumer Reports Pursuant to the Fair Credit Reporting Act." The PSI package and directions on how to and when to return these forms will be directed by separate memorandum.</p> <p>OPERATIONAL SUPPORT Auxiliarists not identified as Direct Operational are required to have a Special Agreement Check completed. This consists of 2 original Fingerprint (FP) Cards, FD-258's. This check is to verify the information you originally submitted upon your entry into the Coast Guard Auxiliary. (i.e. U.S. Citizen, No Felony convictions.) The FP cards and directions on how to and when to return these forms will be directed by separate memorandum.</p> <p>Please complete the following questionnaire and submit as directed by G-OCX.</p>						
8. In the past 10 years has the United States government ever investigated your background and/or granted you a security clearance? If you mark "YES", please provide the following:		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">YES</td> <td style="width: 50%;">NO</td> </tr> <tr> <td style="height: 40px;"></td> <td style="height: 40px;"></td> </tr> </table>	YES	NO		
YES	NO					
Date of Investigation MM/YY (ex. 11/03)	Agency USCG, OPM, DSS, etc.	Type of Investigation SSBI, NAC, NACLC, ANACI, etc.				
9. Understanding the requirements stated above, and you may be considered DIRECT OPERATIONAL, are you willing to submit to the appropriate personnel security check? If you mark "YES", please go directly to block 11.		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">YES</td> <td style="width: 50%;">NO</td> </tr> <tr> <td style="height: 40px;"></td> <td style="height: 40px;"></td> </tr> </table>	YES	NO		
YES	NO					
10. If you marked "NO" to the previous question, would you be willing to submit only fingerprint cards and be considered OPERATIONAL SUPPORT? If you mark "YES", please go directly to block 11. By answering "NO" to this question and not submitting to a personnel security check, I hereby understand that my membership in the U.S. Coast Guard Auxiliary will not be continued beyond December 2004 unless eligible for retired status.		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">YES</td> <td style="width: 50%;">NO</td> </tr> <tr> <td style="height: 40px;"></td> <td style="height: 40px;"></td> </tr> </table>	YES	NO		
YES	NO					
11. By my signature I hereby (circle one) ACCEPT / DECLINE to participate in the U.S. Coast Guard Auxiliary.		<div style="border: 1px solid black; height: 80px; width: 100%;"></div>				
SIGNATURE: _____		<div style="border: 1px solid black; padding: 5px;"> Date: _____ </div>				